COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501
(TOLL FREE) 800-482-2383

THIRD PARTY SETTLEMENT AGREEMENT

Social Security Number: _____ - _____ - _____

Date of Injury: _____/ _____/ _____
MM DD YYYY

PA BWC Claim Number: _____
(IF KNOWN)

Employee

First Name _____ Last Name _____

If Deceased - Dependent, Guardian
First Name _____ Last Name _____

Street 1 _____

Street 2 _____

City/Town _____ State _____ Zip Code _____-_____

County _____ Telephone (_____) _____-_____

Employer

Name _____

Street 1 _____

Street 2 _____

City/Town _____ State _____ Zip Code _____-_____

County _____

Telephone (_____) _____-_____ FEIN _____

Insurer or Third Party Administrator (if self-insured)

Name _____

Street 1 _____

Street 2 _____

City/Town _____ State _____ Zip Code _____-_____

Telephone (_____) _____-_____ Bureau Code _____

County _____

Claim Number _____ FEIN _____

Employee's Attorney

Name _____

Firm Name _____

Street 1 _____

Street 2 _____

City/Town _____ State _____ Zip Code _____-_____

Telephone (_____) _____-_____ PA Attorney ID Number _____

Insurer's Attorney

Name _____

Firm Name _____

Street 1 _____

Street 2 _____

City/Town _____ State _____ Zip Code _____-_____

Telephone (_____) _____-_____ PA Attorney ID Number _____

380 0306

(OVER)

CALCULATION INSTRUCTIONS FOR COMPLETING BACK OF FORM

#1 -- Enter the total amount of money received by the employee from the third party litigation.

#2 -- Enter the total amount of indemnity and medical benefits paid by the employer to the employee at the time of the third party recovery.

#3 -- Enter attorney fees and other expenses paid by the employee to obtain recovery in the third party action.

#4 to #8 -- Perform the calculations in the right column and enter the results into the center column.

In accordance with section 319 of the Pennsylvania Workers' Compensation Act, the parties herein have agreed to the following distribution of proceeds received from _____, third party:

Calculation

BASIC RECOVERY INFORMATION - Complete this section for all third party settlements.

1. Total Amount of Third Party Recovery	1.		
2. Accrued Workers' Compensation Lien a. Indemnity Benefits _____ b. Medical Benefits _____	2.		
3. Expenses of Recovery	3.		
4. Balance of Recovery	4.	_____	= #1 (minus) #2

PRESENT DISTRIBUTION OF PROCEEDS - Complete this section to calculate the amount of proceeds the employer is to receive as of _____ (date through which Accrued Workers' Compensation Lien [#2] calculated).

5. Accrued Lien Expense Reimbursement Rate	5. %	_____	= #2 (divided by) #1 x 100
6. Expenses Attributable to Accrued Lien	6.	_____	= #3 (times) #5
7. Net Lien (Amount employer to receive)	7.	_____	= #2 (minus) #6

FUTURE DISTRIBUTION OF PROCEEDS - Complete this section to calculate how much the employer must reimburse the employee for expenses used to acquire the third party recovery on future compensation liability. **Note: This section is to be completed only if the total amount of the Third Party Recovery (#1) is greater than the amount of the Accrued Workers' Compensation Lien (#2).**

8. Reimbursement Rate on future compensation liability.	8. %	_____	= #3 (divided by) #1 x 100

9. The Employer/Insurer is responsible for _____% (#8) of any future weekly benefits and medical expenses to satisfy its obligation to reimburse its pro rata share of Employee's fees and expenses until the subrogation interest is exhausted; _____(#4). Thereafter, the Employer/Insurer is responsible for 100% of any compensation liability.

Further Matters Agreed Upon:

_____ Employee's Signature	_____ Insurer's Signature
_____ Employee's Attorney Signature	_____ Insurer's Attorney Signature

DATE OF THIS AGREEMENT: ____/____/_____
MM DD YYYY

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165 of 1994.

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program